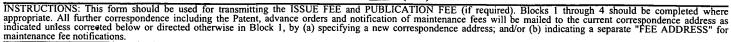
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents Alexandria, Virginia 22313-1450

Fax (703)746-4000



CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) 000324

FILING DATE

APPLICATION NO.

7590

05/12/2003

CIBA SPECIALTY CHEMICALS CORPORATION PATENT DEPARTMENT 540 WHITE PLAINS RD P O BOX 2005 TARRYTOWN, NY 10591-9005



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Lynn Girolamo	(Depositor's name)	
Lynn Virolamo	(Signature)	
8/5/03	(Date)	

ATTORNEY DOCKET NO. | CONFIRMATION NO.

09/902,872	07/11/2001	Adolf Kaser		PD/3-21966/A/CIP	1008
TITLE OF INVENTION: I	DYE MIXTURES				
,					
					•
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FE	E TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$300	\$1600	08/12/2003
EXAMINER		ART UNIT	CLASS-SUBCLASS		
EINSMANN, M	EINSMANN, MARGARET V		008-641000		
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered			
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		
3. ASSIGNEE NAME AND	RESIDENCE DATA TO I	BE PRINTED ON THE	PATENT (print or type)		
PLEASE NOTE: Unless a been previously submitted (A) NAME OF ASSIGNE	to the USPIO or is being s	ubmitted under separate	Il appear on the patent. Inclu cover. Completion of this for SIDENCE: (CITY and STAT	nsion of assignee data is only approprism is NOT a substitute for filing an ass E OR COUNTRY)	ate when an assignment has signment.
Ciba Specialty	Chemicals Cor	poration '	Tarrytown, N.Y.	USA	
	Ree	1:012484 Fr	ame:0469 Recd	.:1/15/02	

FIRST NAMED INVENTOR

4a. The following fee(s) 4b. Payment of Fee(s): ☐ A check in the amount of the fee(s) is enclosed. Issue Fee

☐ Payment by credit card. Form PTO-2038 is attached. Publication Fee Advance Order - # of Copies

Please check the appropriate assignee category or categories (will not be printed on the patent)

M The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).

Commissioner for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized § (Date) 8/5/03 T. Mangfiel/d Reg. No. 31,635

NOTE; The Issue Fee and Publication Fef (if required) will not be accepted from anyone other than the applicant; a registered attempt or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandra, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

08/08/2003 HVUONG2 00000110 031935 09902872

individual Discorporation or other private group entity igovernment

300.00 DA 01 FC:1504 1300.00 DA 02 FC:1501 12.00 DA 03 FC:8001